Final Report and Recommendations of the Service Unit Work Group

Background (Summary of the Process)

Representatives from VDH, lead agents and service providers from around the State came together in a series of three conference calls (8/23, 9/12 and 10/5/11) to discuss current service unit categories and work to arrive at a consensus that would unify and streamline tracking of service unit deliverables across Virginia. The group was chaired by Darren Whitfield of VDH and co-chaired by Matthew Bare of VCU representing the contractor side. They were joined by VDH colleagues Hilary Viens and Mary Browder, Anne Rhodes and Kim Hunter from SERL. Additional participants from around the State included: Tim Agar, Amelia Khalil, Phil Melemed, Michelle Simmons and Tylee Smith (NVRC), Heather Bland and Fuwei Guo (VCU), Tanya Kearney (EVMS), and Sandy Kelso (UVA). The goals of the Work Group were threefold: 1) to understand the ways in which service units are being counted; 2) to develop a consensus on the most appropriate definition for service units; and 3) to provide VDH with a recommendation of how to standardize the process so everyone is counting the same thing. An timeline was established to complete the project within three months.

Resources

In addition to the experience and expertise of those participating in the Work Group other resources included: A data set from VACRS for the first three months of this year prepared/presented by Kim Hunter and Anne Rhodes; VCU ID Clinic, UVA, NVRC, EVMS and CCS provided information on the ways service units are reported for each of their areas and contracts; VDH compiled/provided a document summarizing information from all providers who submitted information about service units. This document also synthesized where there are similarities and consistencies of reporting units. Interpretation of HRSA's expectations for deliverables in relation to the Ryan White Services Reports requirements was required. HRSA's Service Definitions and Monitoring Standards/Expectations for Ryan White Part A and B Grantees also contributed to the recommendations produced by the Work Group.

Outstanding Issues/Next Steps

Over the course of the three conference calls and in numerous electronic exchanges, there was a discussion about the standardization of service definitions and how these definitions might be utilized by those involved in both delivering and monitoring services. The quality of the discussion and level of investment of those participating should be noted. There was one topic that garnered some late discussion with regards to lab visits. It was noted that although HRSA includes these in Outpatient/ Ambulatory Medical Care (OMAC) visits, VDH breaks them down into a category called laboratory testing. If and when HRSA provides the definition of "Service" or "Visit" for cases other than OAMC, we can move to be in sync with that definition. HCS staff is currently reviewing the service definitions for the early intervention, health education/risk reduction, and outreach service categories. Once these categories are defined there will be a specific measure of units identified.

Recommendations

The following table represents the consensus that was arrived at by the Work Group members over the period of the first two months of the project. It represents the group's best efforts at a set of service unit definitions which are being forwarded to the Virginia Department of Health, HIV Care Services Unit management for consideration as a uniform data set.

Proposed Service Unit Definitions by Service Unit Work Group (Revised 11/4/11)

Fiscal Year FY 2012-2013	
1. HRSA Service Categories:	**2. Service Unit Definition:** Define the service unit to be provided
1. Core Medical Services	
a. Outpatient /Ambulatory Health Services	One or more medical visits per day at the same practice/site = one unit*
a1. Laboratory Test	One lab test = one unit
b. AIDS Drug Assistance Program (ADAP treatments)	
c. AIDS Pharmaceutical Assistance (local)	A 30 day or less prescription = one unit
d. Oral Health Care	One visit = one unit
e. Early Intervention Services	One testing or referral = one unit
f. Health Insurance Premium & Cost Sharing Assistance	One premium or copayment payment = one unit
g. Home and Community-Based Health Services	One in-home visit by medical or support staff = one unit.
h. Mental Health Services	One or more visits per day = one unit*

i. Medical Nutrition Therapy	One case of supplement or visit with registered dietician=one unit
j. Medical Case Management (including Treatment Adherence)	1 – 15 minute encounter with case manager (1 hour = 4 units)
k. Substance Abuse Services–outpatient	One or more visits per day = one unit*
2. Support Services	
a. Case Management (non-Medical)	1 – 15 minute encounter with case manager (1 hour = 4 units)
b. Child Care Services	One or more services to children of HIV + individuals per day = one unit***
c. Emergency Financial Assistance	1 service assistance (i.e. a payment for rent) = 1 unit
d. Food Bank/Home-Delivered Meals	One bag of food, voucher to food pantry, or delivered meal, one case of nutritional supplement = one unit**
e. Health Education / Risk Reduction	1 organized effort = one unit
f. Linguistic Services	One provided linguistic service = one unit****
g. Medical Transportation Services	A one way trip = one unit. One voucher = one unit (CAREWare to track $ value)
h. Outreach Services	1 – 15 minute face to face outreach visit = one unit
i. Psychosocial Support Services	one visit = one unit
j. Substance Abuse Services – Residential	one day of treatment = one unit
k. Treatment Adherence Counseling	one visit = one unit

*An additional visit on the same date of service at a different practice/site = one unit. All categories assume one or more client encounters per day with the same practice/site = one unit.

** In accordance the provision of Medical Nutritional Therapy must be conducted by a registered dietitian. Issuing nutritional supplements without a dietician falls under food bank and home delivered meals.

*** Child care services are those provided to children of clients who are HIV+ while the client attends medical or other appointments or Ryan White Program related meetings, groups, or training.

**** Linguistic services include oral or written translation for a client to assist with language barriers.